



FOR OFFICE USE ONLY

Petition for Reinstatement of Revoked License

Pursuant to Section 1000-10(c) of the Business and Professions Code (BPC) (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii), a petitioner whose license has been revoked or cancelled may not petition the board for reinstatement until two years has elapsed since the effective date of the Board's disciplinary action decision. A petitioner who is subject to Section 1003 of the Business and Professions Code may not petition the board for reinstatement until ten years has elapsed since the effective date of the decision.

All items of information in the application are mandatory. In addition, petitioners for reinstatement of a license must submit either the second copy of their completed Live Scan form (California residents) or fingerprint cards and a \$51.00 fee (out-of-state residents) with this application. Failure to provide any of the requested information will deem this application incomplete.

Name: (Last, First, Middle) Board Meeting Date Requested: Address of Record: Zip: City: State: Home Telephone No.: Work Telephone No .: License Number: Date Issued: 1) List all states where you have ever been licensed as a DC, including license number and status of each license: 2a) Have you ever had a DC license or other professional license or certificate disciplined by another state, another California board/bureau or any governmental agency? (Includes surrender of license) □No b) Have you had an application for any professional license or certification denied? ☐ Yes □ No If you answered yes to either question above, please provide an explanation: 3a) Have you been convicted of or pled guilty or no contest to a violation of any law of a foreign country, the United States, any state, or local ordinance since your Board disciplinary action? You must include all infractions, misdemeanor and felony convictions, including those which have been set aside under Penal Code sections 1000 and 1203.4. (Traffic violations that resulted in fines of less than \$500 and did not involve alcohol, dangerous drugs, or controlled substances need not be reported.) □ Yes □ No b) Are you currently on court imposed probation or parole? □ Yes □ No c) Are you currently subject to an order of registration as a sex offender pursuant to Section 290 of the Penal Code? □ Yes If you answered yes to any questions above, please provide an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.):

| 4) Summarize the nature of the act(s) causing the disciplinary action against your California DC license: |
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| 5) Explain fully why you feel your probation should be terminated early: |
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| 6) Relative to the acts resulting in the discipline of your California DC license, what have you done to ensure that you are now |
| safe to practice chiropractic? (Attach or submit documents to support your statements.) |
| care to practice dimopration. (Attach of custime accommend to support your statements.) |
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| 7) List any education courses you have completed since the date of disciplinary action, including dates, location, type of course |
| and number of hours/units: (Attach or submit documentation to support your statements.) |
| and humber of hodis/units. (Attach of submit documentation to support your statements.) |
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| 8) List all chiropractic materials you have studied during the last year. |
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| 9) List all continuing education courses you have completed since your license was disciplined. Attach copies of certificates. |
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| ON Describe a characteristic list of common thickens along the data of disciplinate action and in the DO list of the data of |
| 9) Provide a chronological list of your employment history since the date of disciplinary action against your DC license. Include |
| beginning and ending dates, name and address of employer, job title, description of duties, and reason(s) for leaving. |
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| I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and |
| correct. |
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| Signature: Date: |
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